



ENVIRONMENTAL AND PUBLIC PROTECTION CABINET  
OFFICE OF HOUSING, BUILDINGS AND CONSTRUCTION  
KENTUCKY CERTIFIED BUILDING INSPECTOR PROGRAM  
CONTINUING EDUCATION VERIFICATION FORM

**Must be completed by certified inspector requesting credit for continuing education purposes. PLEASE TYPE OR PRINT WHERE APPLICABLE.**

A. Office Designated: \_\_\_\_\_ B. ICC Training: \_\_\_\_\_ C. Other Approved Training:\* \_\_\_\_\_  
\*Must be approved in advance by OHBC

Inspector Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Training Sponsor: \_\_\_\_\_

Location of Training Event: \_\_\_\_\_

Training Title: \_\_\_\_\_

Training Date(s): \_\_\_\_\_ Hours or Equivalent (CEU's): \_\_\_\_\_

CHECK ONE: \_\_\_\_\_ Sponsor Representative \_\_\_\_\_ Instructor

Shall be signed at time of training by either the sponsor's authorized representative or the instructor. A copy of the issued training certificate, when submitted with this form, will be accepted in lieu of the required signature.

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Return completed form and any attachments with your annual renewal application. Forms submitted prior to renewal may be returned.

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**FOR OHBC USE ONLY**

